

Ravalli County Planning Department  
 215 S. 4th Street, Suite F  
 Hamilton, MT 59840  
 Phone: (406) 375-6530  
 Fax: (406) 375-6531

## Subdivision Exemption Application Ravalli County, Montana

### Section 1 Landowner Information:

#### 1. Applicant Information

 County Tax ID: \_\_\_\_\_ \$200.00 ☐

Name:	Surveyor:
Address:	Address:
City/State/Zip:	City/State/Zip:
Daytime Phone:	Daytime Phone:

Mailing: Original    Copy    Both

#### 2. Titleholder Information: (If relocation of common boundary is requested, ALL OWNERS must sign).

Full Name:	Signature:
Full Name:	Signature:
Full Name:	Signature:
Full Name:	Signature:

3. Legal Description: Section \_\_\_\_; Township \_\_\_\_; Range \_\_\_\_

4. Certificate of Survey Number \_\_\_\_\_ Tract/Parcel \_\_\_\_\_

 5. Type of Exemption Requested (check all that apply). ☐ Relocation of Common Boundary ☐ Agricultural  
☐ Family Transfer ☐ Mortgage Release

 Family Transfers: Please provide the REQUIRED information for Transfer/Gift to Family Member.

Relationship:	Name of Family Member:	Over 18? __Y / __N
Relationship:	Name of Family Member:	Over 18? __Y / __N

6. Prior use of Subdivision Exemption: (Leave table blank if there have been none. Include information about the remainder for each Certificate of Survey.) (Attach additional pages if necessary).

COS Number	Tract Number	Location			Exemption Used (Agricultural, Relocation of Common Boundary, Mortgage Release, Family Transfer, Remainder)	Disposition of Parcel (Sold, Retain Ownership, etc)
		Section	Township	Range		

Any Trailer Houses? Yes \_\_\_\_ No \_\_\_\_

Note: The Board of County Commissioners may revoke an approval if it is determined that information provided by the applicant, and/or the applicant's agent, and upon which such decision was based, is inaccurate. Furthermore, a person commits an offense under Section 45.7.203, MCA, if he purposely misleads a public servant in performing his official duties. Therefore, please complete the application accurately and provide all information requested.

**Section 2 Determination (For Department Use Only)**

1. Applicant Name: \_\_\_\_\_

2. Decision Number: SE – D - \_\_\_\_ - \_\_\_\_

3. Geocode Number: \_\_\_\_ - \_\_\_\_ - \_\_\_\_ - \_\_\_\_

4. Findings:

☐ The use of the proposed subdivision exemption constitutes a valid use of the exemption. Submit this original form with the survey to the Clerk & Recorder.

☐ The use of the proposed subdivision exemption creates a rebuttable presumption that the exemption is being used to evade the Subdivision Regulations. You may ask for a meeting with the County Commissioners to state your reasons for applying for this exemption. The factors considered in making this determination are listed below.

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☐ The application is incomplete, a decision is not possible. The following information was not included in the application or was unclear:

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5. Authorization:

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**ATTACHMENT:**

Provide a copy of the Certificate of Survey or plat (if a filed COS or plat is not available, a drawing will suffice) that clearly shows the boundary of the subject property and any new boundary lines. Label boundary lines as “existing” or “proposed”. For family transfers, identify which parcels are to be transferred and which is to remain with the applicant. For divisions of land created by lease or rental for farming and agricultural purposes, in addition to the subdivision exemption application form, please attach a site plan and provide a brief description of the proposal, including information about how the proposal qualifies for an exempt division of land created by lease or rental for farming and agricultural purposes. (See definition of agriculture below.)

Please be advised that a plat prepared by a surveyor is not required to be submitted with this application.

***Agriculture*** means a place and/or buildings, or portions thereof, that is used or is intended for agricultural purposes, including farming, dairying, pasturage, agriculture, horticulture, floriculture, viticulture, aquaculture and animal and poultry husbandry. Typical uses include those facilities necessary for producing, packing, treating, storing, or retailing agricultural products produced on the premises.

**CONFLICT OF INTEREST STATEMENT:**

Name of Subdivision/Subdivision Exemption/Variance: \_\_\_\_\_

Applicant: \_\_\_\_\_

Applicant's Representative: \_\_\_\_\_

Are there any financial, business or personal relationships between the owner of the property, the selling agent, the purchasing agent, the brokerage firm, the developer or builder, consultants, and/or purchasers of the property **and** members of the Ravalli County Planning Staff, the Ravalli County Planning Board and/or the Ravalli County Commissioners? If yes, please explain.

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Signature of person filling out the form:

\_\_\_\_\_

Printed name of person filling out the form:

\_\_\_\_\_

Ravalli County Planning Department

**Notarized Request for Family Transfer Form**

**By signing this form, the applicant and the landowner acknowledges and agrees as follows:**

This form may be recorded with the County Clerk and Recorder relative to the subject real property.

There is no intent to sell or otherwise transfer the parcel created by this Family Transfer Exemption other than to the immediate family member noted on the Exemption form.

Violation of the Montana Subdivision and Platting Act or the Ravalli County Subdivision Regulations is a misdemeanor per Section 76-3-105 MCA, and false statements to a public official may constitute a misdemeanor per Sections 45-7-202 and 45-7-203, MCA.

**I swear and affirm that I have examined this form and to the best of my knowledge and belief, it is true, correct, and complete and is in compliance with all Montana State laws and Ravalli County regulations and resolutions.**

\_\_\_\_\_  
Applicant's Agent

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
License No., if applicable

\_\_\_\_\_  
Applicant

\_\_\_\_\_  
Applicant

STATE OF MONTANA

County of Ravalli

Subscribed to and sworn to (or affirmed) before me this \_\_\_\_ day  
of \_\_\_\_\_, 200\_, by \_\_\_\_\_.

(Seal)

\_\_\_\_\_  
Printed Name of Notary  
Notary Public for the State of Montana  
Residing in \_\_\_\_\_  
My Commission expires \_\_\_\_\_